

## SECTION 8 WELFARE TO WORK TENANT BASED ASSISTANCE PROGRAM

Agency \_\_\_\_\_

Participant \_\_\_\_\_

Date of referral to HA \_\_\_\_\_

Reviewer \_\_\_\_\_ Date: \_\_\_\_\_

ACTION PLAN ELEMENTS	YES	NO	
Does the plan include participant's name, address, and phone number?			
Is there an employment/job retention/wage progression goal?			
Are steps toward the goals outlined?			
Are services to be provided by the agency stated in the plan?			
Have participants and sponsoring agency signed?			
Are all adults in household included in plan?			
Are exemptions/exceptions listed?			
Is Renter Education requirements specified in plan?			
Is Success on the Job requirements specified in plan?			
<b>CONTRACT COMPLIANCE</b>			
<b>- Six Month Goals</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is each adult in household working as outlined in the Action Plan?			
Have the participants completed Success on the Job?			
Have the participants completed Renter Education classes?			
<b>- One Year Goals</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is each adult in household working as outlined in the Action Plan?			
Is wage progress measured by:			
Increase in wages?			
Obtaining benefits?			
Employer paid training?			
Advancement or increased job knowledge/skill?			
Positive performance evaluation?			
If participant lost employment, did participant become re-employed within 90 days?			
Are all individuals in household, who are over 18 years of age and are required to participate, working according to the Action Plan?			
Was plan updated at 6 months/1 year?			
<b>Comments:</b>			